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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Kazuhiko Ohnishi
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
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OR

Practitioner(s) named below:

Name	Registration Number
Virgil H. Marsh	23,083
Kara M. Armstrong	38,234

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Fisher Christen & Sabol				
Address	1725 K Street, N.W.				
Address	Suite 1401				
City	Washington	State	D.C.	Zip	20006
Country	United States Of America				
Telephone	202 659-2000	Fax	202 659-2015		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kazuhiko Ohnishi	
Signature		
Date	12/21/2003	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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SIGNATURE of Applicant or Assignee of Record

Name	Toshio Fujibayashi	
Signature	<i>Toshio Fujibayashi</i>	
Date	12/21/2003	

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Application Number	
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First Named Inventor	Kazuhiko Ohnishi
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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OR
 Practitioner(s) named below:

Name	Registration Number
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Kara M. Armstrong	38,234

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Address	Suite 1401				
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Country	United States Of America				
Telephone	202 659-2000	Fax	202 659-2015		

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Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Yoichiro Yamamoto
Signature	Yoichiro Yamamoto
Date	12/21/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	Kazuhiko Ohnishi
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Curable Starch Composition, Modified Starch, Preparation Method and Articles

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
03/013468	Japan	01/22/2003	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below
 or Bar Code Label

Name **Fisher Christen & Sabol**

Address **1725 K. Street, N.W., Suite 1401**

City Washington	State D.C.	ZIP 20006
------------------------	-------------------	------------------

Country United States	Telephone 202 659-2000	Fax 659-2015
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Kazuhiko	Family Name or Surname Ohnishi
---	--

Inventor's Signature <i>Kazuhiko Ohnishi</i>	Date 12/21/2003
--	------------------------

Residence: City Kanagawa-ken	State	Country Japan	Citizenship Japanese
-------------------------------------	-------	----------------------	-----------------------------

Mailing Address **17-1, Higashiyawata 4-chome, Hiratsuka-shi**

City Kanagawa-ken	State	ZIP	Country Japan
--------------------------	-------	-----	----------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Toshio	Family Name or Surname Fujibayashi
---	--

Inventor's Signature <i>Toshio Fujibayashi</i>	Date 12/21/2003
--	------------------------

Residence: City Kanagawa-ken	State	Country Japan	Citizenship Japanese
-------------------------------------	-------	----------------------	-----------------------------

Mailing Address **17-1, Higashiyawata 4-chome, Hiratsuka-shi**

City Kanagawa-ken	State	ZIP	Country Japan
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Yoichiro		Yamamoto	
Inventor's Signature	Yoichiro Yamamoto		Date 12/21/2003
Residence: City Kanagawa-ken	State	Country Japan	Citizenship Japanese
Mailing Address 17-1, Higashiyawata 4-chome, Hiratsuka-shi			
Mailing Address			
City Kanaqawa-ken	State	ZIP	Country Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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